

James Browning

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Sent: Thursday, December 7, 2023 4:39 PM
To: NMDml_Judge Browning's Chambers nmd.uscourts.gov
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Subject: Report - Medical Care Nov 2023 - confidential
Attachments: MDC Medical Report - Nov 2023 - Confidential .pdf

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Dear Judge Browning,

I have attached my evaluation of the medical care provided at MDC for your review.

Sincerely,

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Assessment of Medical Care
at
Metropolitan Detention Center
Albuquerque, New Mexico

Prepared by
Muthusamy Anandkumar MD, MBA, CHCQM, CCHP

Report Date:
November 2023

This report provides an overview of the medical care services offered at the Metropolitan Detention Center (MDC). An assessment was conducted through offsite review since the last visit, followed by an on-site visit between November 13-15th, 2023. The evaluation included a walkthrough of the facility, interviews with staff, and a review of medical reports and records. Throughout the site visit, the leadership and staff were highly engaged, cooperative and responsive to all my requests.

Significant changes since the last visit:

The University of New Mexico Medical Center (UNMH) has recently taken over the medical program at MDC. The transition was successful despite the need for intensive coordination across multiple aspects of the program. The senior leadership at UNMH, as well as the leaders of individual departments, have been extremely supportive.

The new leadership of the jail medical program includes an Executive Director of health services, a Director of the Inpatient Unit - Nursing, an Interim Medical Director, and an associate chief medical officer for clinical operations. The position of Medical Director has been posted. The leadership team is fully committed to creating a center of excellence for correctional health. They are highly engaged and dedicated to achieving this goal.

As a part of the transition, the medical program has included correctional health as an extension of their hospital electronic medical record (EMR) application and implemented it at the jail. This enables the clinical team to access medical information from the hospital conveniently and efficiently. The staff has received comprehensive training on the new electronic medical record system to ensure they can use it effectively. Adopting the hospital EMR to work at the jail took a lot of work and coordination and was done successfully.

The current MDC healthcare staff are excited to be part of UNMH. The UNMH talent acquisition team is actively helping with recruiting efforts, including advertisement, referral programs, and incentives. Meanwhile, the faculty also employs agency staff to cover vacant shifts.

The medical team at MDC has set up a comprehensive rapid response team that can quickly and efficiently handle medical emergencies. They have hired paramedics and EMT staff to join the team, acquired advanced cardiac life support (ACLS) and other emergency response equipment, and are training staff onsite in emergency response skills. The staff has been provided with improved medical equipment, including new vital sign machines. These are good improvements.

In the short time since UNMH took over the medical program at MDC, significant improvements have been made to the medical program. However, a lot of work still needs to be done to ensure timely and adequate healthcare for all the inmates. It is crucial to enhance the quality of healthcare services as soon as possible. It's also important to establish dependable and sustainable healthcare programs for the long term. This process demands a considerable amount of time and effort to ensure that it is built well. The new leadership team is aware of the issues and challenges and is committed to implementing the necessary changes to build a reliable and sustainable healthcare program and be the model for the county.

The priority recommendations:

- Evaluate the workload and goals and generate a staffing plan.
- Revise documentation templates to make them simple, efficient, and easy for the staff to document and review.
- Consider using rapid cycle improvement efforts to address high-risk areas quickly. (i.e., detox program, Initiation of care upon intake, sick call program, etc.)
- Recruiting should be a top priority to provide staff with adequate coverage.
- The recent changes and higher expectations have made it necessary to provide more tactical and emotional support for the staff. To improve morale and reduce turnover, it's important to increase the frequency and quality of communication with the current staff. Clear and respectful communication should be maintained through immediate supervisors to avoid confusion and frustration.
- Continue providing adequate training and support as the staff undergo changes.
- It is important to seek feedback from the staff and involve them in recruitment and improvement efforts.
- Finalize the changes to policies and procedures so the new staff can be trained in such policies and procedures.
- Develop a reliable daily report (data) to track outstanding tasks. Review all outstanding tasks/visits during the daily huddle, ensuring completion in order of priority by the end of the day.

Checkout audit provisions of medical services:

6A MDC's provision of medical services complies with MDC's medical policies and procedures.

Findings:

A Policy and Procedures expert team has been established under the leadership of the associate chief medical officer to conduct a comprehensive review. The team is working diligently to adopt the National Commission on Correctional Health Care (NCCHC) standards and to revise policies as required. They are committed to providing policies and procedures that align with best practices and ensure safe and quality care for the patients. The team is currently prioritizing and reviewing the policies.

Assessment: Partial-Compliance

Recommendations:

1. Prioritize the policies and procedures, have them finalized and approved as soon as possible, and educate the staff on the new policies and procedures.
2. Update the policies and procedures to meet the MDC medical program and get them approved.
3. Educate the staff on the new policies and procedures.
4. Track routine review of the policies and procedures.
5. Track education of policies and procedures for the new staff and refresher training for current staff.

6B MDC is in compliance with the advisory standards set forth in the American Correctional Association's Standards for Adult Detention Centers.

Findings:

The American Correctional Association (ACA) accredited MDC on January 8, 2018 for a three-year term. Due to the COVID-19 pandemic, the next audit has not yet been scheduled.

Assessment: Non-Compliance

Recommendations:

1. Consider scheduling the ACA audit as intended

6C MDC has made and is making good faith efforts to comply with the Advisory Guidelines of the National Commission on Correctional Health Care.

Findings:

NCCHC conducted a review in April 2021. Two items were partially compliant but have since been addressed and acknowledged by NCCHC. The facility is NCCHC certified, with the following audit due in April 2024.

Assessment: Compliance

Recommendations:

1. Consistently monitor program performance through the CQI program to ensure compliance with NCCHC standards.

6D MDC is conducting and completing a history and physical exam of each inmate in a timely manner, i.e., within 72 hours for inmates with serious medical needs identified at booking and no later than 14 days otherwise.

Findings:

Completing the initial health assessments has been delayed, and the quality and prioritization of the assessments need improvement.

Assessment: Non-Compliance

Recommendations:

1. Complete the initial and yearly history and physical exam promptly.
2. Establish a process to identify and track sick inmates so they can be prioritized.
3. Re-evaluate the documentation template to enable detailed history, exam, and care plan for all active medical health conditions.
4. Establish a tracker (report) and review in the daily operational huddle to ensure the assessments are completed promptly based on priority.

6E MDC inmates who complain orally or in writing of serious acute illness or serious injury are given immediate medical attention.

Findings:

Currently, sick call requests are submitted through paper forms and collected from designated sick call boxes by EMT staff. Upon receipt, a registered nurse or paramedic triages the requests and categorizes them as emergent, urgent, or routine based on the written complaint. Emergent and urgent requests are prioritized for immediate face-to-face assessment, while routine requests should be addressed within 24 hours.

However, the current process is still unreliable, resulting in delays in responding to sick call requests promptly and appropriately.

Assessment: Non-Compliance

Recommendations:

1. Sick call requests should be triaged by a trained nurse or paramedic and assigned a triage level as emergent, urgent, or routine.
2. A clinical staff member should promptly assess sick call requests based on acuity level.
3. All medical assessments should be conducted in a private setting, and all essential medical equipment should be available and used appropriately during the assessments.
4. Standard sick call forms should be used in all housing units. Remove any old versions of the sick call forms.
5. Ensure that the sick call forms are readily available to the inmates in the housing units. Have a process to refill the stock periodically.
6. Establish a process to ensure that all sick call forms have been picked up from all sick call boxes daily.
7. Create clinical practice guidelines for common medical conditions and encourage using established nursing templates.
8. Educate nursing staff on common medical conditions and provide refresher training periodically.
9. As part of the quality program, establish a process to evaluate each nursing assessment and provide feedback for continuous improvement.
10. Establish a tracker (report) and review it in the daily operational huddle to ensure that the sick call requests are completed promptly based on priority.

6F All inmate requests for medical care are timely communicated to medical personnel for appropriate treatment.

Findings:

The communication between the medical team and correctional staff is improving. The correctional officer contacts the rapid response team for any medical emergencies. The staffing challenges continue to impact timely access to care. A reliable sick call process will help improve this process.

Correctional leadership participates in daily medical huddles, which improves communication and collaboration. Training efforts are focused on medical staff, but officers will also receive training to recognize medical concerns.

Assessment: Partial Compliance

Recommendations:

1. The officers should be educated on common medical emergencies on an ongoing basis.
2. The officers should notify the medical staff when there is a medical request or if they notice a medical situation. The officers should take the inmate to the clinic or immediately escalate to a supervisor if there is a delayed response from the medical team.

6G MDC has made necessary revisions to existing policies, procedures, and practices for any deficiencies identified by MDC, or the monitors, regarding the provision of timely access to appropriate medical care and is following the revised policies, procedures, and practices.

Findings:

The facility's medical leadership is currently updating its policies and procedures to better meet the needs of its patients. A Policy and Procedure committee has been established to review and update them. The policies are being updated in order of priority, and a nurse has recently been promoted to the role of Nurse Educator and is currently undergoing orientation.

Assessment: Partial Compliance

Recommendations:

1. Update the policies, procedures, and practices to meet the facility's needs.
2. Prioritize the policies and procedures, have them finalized and approved as soon as possible, and educate the staff on the new policies and procedures.
3. Update the policies and procedures to meet the needs of the MDC medical program and get them approved.
4. Educate the staff on the new policies and procedures.
5. Track routine review of the policies and procedures.
6. Track education of policies and procedures for new staff and refresher training for current staff.
7. Ensure practice matches the policies and procedures using a quality improvement program.

6H MDC's Quality Improvement Process (See below items)

6H1 Quality Improvement: MDC operates an adequate Quality Assurance/ Improvement system regarding medical care, its medical and health care policies, and procedures, including but not limited to those identified in NCCHC standards and MDC policy, and has implemented appropriate corrective action.

Findings:

Two employees in the continuous quality improvement program (CQI) have resigned. One was promoted to lead the program but has since resigned, while the other was an assistant health service administrator who was also engaged in the quality improvement efforts. Currently, the positions are open for recruitment.

Assessment: Non-Compliance

Recommendations:

1. Identify metrics to measure the timeliness of service for each aspect of the program.
2. Develop audit tools for each of the services.
3. Create a calendar to audit each aspect of the program for the quality of the assessments.
4. Capture the action plans, prioritize, and track them to completion.

6H2 Quality Improvement: MDC has a committee that reviews individual and system data about triggers and thresholds and determines whether the data indicates trends either for individuals or for the adequacy of treatment overall.

Findings:

The healthcare leadership team is actively recruiting for a vacant quality improvement leadership role to establish a Quality Assurance/Improvement program.

Assessment: Non-Compliance

Recommendations:

1. Establish a daily tracking and review process for the local leadership to ensure that all clinical tasks are completed promptly in the order of priority.
2. Establish a process to monitor the timeliness of care for each healthcare service.
3. Establish a process to monitor the quality of assessments and care for each healthcare service.
4. Audit nursing assessments periodically and provide feedback to the staff.

6H3 Quality Improvement: MDC's Quality Improvement Committee conducts analyses of the medical and healthcare processes and makes recommendations on changes and corrective actions.

Findings:

The healthcare leadership team is actively seeking a qualified candidate to fill the vacant quality improvement leadership role. Their goal is to establish a robust Quality Assurance/Improvement program that will enhance the quality of their services.

Additionally, they are working on developing reports that will enable them to monitor their services more effectively and make data-driven decisions.

Assessment: Non-Compliance

Recommendations:

1. Identify improvement efforts and prioritize based on safety, effort, and impact.
2. Consider rapid cycle improvement efforts to address high-risk areas quickly.
3. Trend performance over time and develop action plans for issues with timeliness and quality of assessments and care.
4. Report the action plan and the progress in the CQI meeting.

6H3a Quality Improvement: Provides oversight of the implementation of medical policies, procedures, guidelines, and support plans.

Findings:

The medical team is currently reviewing and updating its policies and procedures while also working on developing clinical practice guidelines and nursing guidelines. Once approved, the staff will receive proper training and begin the implementation process.

Assessment: Partial Compliance

Recommendations:

1. Develop an implementation plan for policies and procedures, nursing guidelines, and clinical practice guidelines.
2. Track the progress of the plan.
3. Report the progress in the CQI meeting and make necessary changes to the plan.

6H3b Quality Improvement: Reviews policies, training, and staffing levels.

Findings:

The team has diligently updated policies and procedures, and their progress is commendable. They have also recently expanded their staff, a positive step towards achieving their goals. To further enhance their operations, the team plans to conduct a staffing level assessment and update their staffing plan. These measures will help them optimize their resources and improve their overall performance.

Assessment: Partial Compliance

Recommendations:

1. Review and update the staffing plan and periodically review and make changes to meet the program's needs.
2. Continue the policies and procedures review process.
3. Train the staff on updated policies, procedures, and clinical guidelines and evaluate competence.
4. Track all policies and procedures, clinical guidelines, and quality improvement plans to ensure they are reviewed and approved per policy.
5. Ensure that the staff is following the policies and procedures.
6. Develop clinical practice guidelines and nursing guidelines. Review and update periodically.

6H3c Quality Improvement: Monitors implementation of recommendations and corrective actions.

Findings:

The healthcare leadership team is in the process of establishing a Quality Assurance/Improvement program.

The team has successfully created a highly effective tool that enables the tracking of corrective actions and ensures their proper implementation. As the quality assurance program continues to grow, it will become increasingly important to keep track of the action plans identified during audits, and this tool will prove to be an invaluable asset in achieving that goal.

Assessment: Partial-Compliance

Recommendations:

1. Track action plans to completion.
2. Re-evaluate the performance after the implementation of the corrective action plan.

6H3d Quality Improvement: Reports its findings and recommendations to the appropriate County officials periodically.

Findings:

The healthcare leadership team is in the process of establishing a Quality Assurance/Improvement program. In addition, the team is starting to develop audit tools and reports for each of their services. The information will be shared with the CQI committee.

Assessment: Partial-Compliance

Recommendations:

1. Document all the findings and action plans in the CQI meeting minutes.
2. Review findings, action plans, and action plan status in the CQI meetings.
3. Include appropriate members in the CQI meetings and share the information with the relevant teams.

6H3e Quality Improvement: Refers appropriate incidents to the Morbidity & Mortality (M&M) Committee for review, as necessary.

Findings:

Mortality and morbidity reviews are conducted using a standardized format. However, there is a delay in completing the reviews promptly, and the detailed review needs to include all aspects of the program that directly and indirectly impact the event. The detailed review should help identify root causes and develop appropriate actions to prevent avoidable issues. The facility is implementing an online tool for staff to self-report errors or near misses.

Assessment: Non-Compliance

Recommendations:

1. The M&M committee should review all deaths promptly per policy.
2. Identify complex cases and near-miss events to review.
3. Appropriate team members should be invited and participate in the M&M committee.

4. Identify root causes, develop action plans based on findings, and track progress to completion.

7 Constitutionally adequate medical care

Health Screening: Perform a detailed medical screening upon arrival to the facility to identify health conditions that need further assessment and treatment.

Findings:

Previously, there used to be medical staff at PTC to monitor inmates, screen them, and respond to emergencies. However, currently, there are no nurses staffed at this location. The leadership team is considering the best way to staff this location.

When an inmate arrives at the facility, the clerical staff registers them in the electronic medical record, and they are screened for medical and mental health conditions by the medical staff. The documentation process is completed in the Electronic medical record. However, the intake questionnaire is very lengthy and requires a significant amount of time to screen. The team is reviewing the questions and revising the form to make it more efficient.

Assessment: Partial Compliance

Recommendations:

1. Provide nursing coverage at PTC to screen inmates, monitor their health, and provide emergency care as needed.
2. Ensure prompt completion of health screening by tracking all arrivals.
3. Train nursing staff who perform the intake screening.
4. Prioritize intake screening based on the level of health acuity.
5. Simplify the intake screening form to make it easier for the staff to fill.
6. Include a documented summary of all positive findings, priority levels, and actions to address them.
7. Audit the intake screening documents to evaluate the screening quality and provide feedback to the staff.
8. Refer inmates to medical providers based on the severity of their medical condition for prompt evaluation and treatment.

Chronic Medical Conditions: Inmates with chronic medical conditions are treated in a timely manner using evidence-based clinical guidelines.

Findings:

The health care program is in the process of establishing a chronic care program. The medical director is working on developing clinical practice guidelines.

Assessment: Non-Compliance

Recommendations:

1. Finalize the chronic care policy and procedure.
2. Finalize the clinical practice guidelines for chronic care.
3. Track the time to initiate care for patients with chronic diseases.
4. Track patients with chronic health conditions and ensure that the practice matches the clinical practice guidelines.
5. Develop an action plan and address timeliness and quality of assessments and care.

Dental Care: Provide timely and adequate dental care.

Findings:

The dental program continues to do well. A new dentist has been hired. The contract for maintenance of the compressor has been renewed. A second centrifuge has been acquired to serve as a backup.

There continues to be a delay in the referral of inmates to the dental program. Once they are sent to the dentist, they get seen promptly.

The intake nurses and sick call nurses will need education regarding appropriate referrals to the dentist.

Assessment: Partial Compliance

Recommendations:

1. The nurse should triage all dental-related sick call requests and assess them promptly per the sick call policy.
2. Dental pain should be assessed and appropriately managed while the inmate waits for dental appointments.
3. All nursing staff should receive dental training on a routine basis.
4. Track dental referrals by priority level and ensure they meet the established timelines.

Infirmiry Care: Provide adequate care for inmates with illnesses or conditions requiring a higher level of monitoring and management.

Findings:

The medical infirmiry is meant for higher acuity inmates who require frequent monitoring by the medical staff. Despite its proximity to the nursing station, the unit is not visible or audible to the staff. When patients arrive at the infirmiry, they are not given a comprehensive assessment or a personalized care plan.

Assessment: Non-Compliance

Recommendations:

1. Review and finalize the infirmiry care policy and procedure and provide training for the medical staff.
2. The inmates admitted to the infirmiry care should receive a detailed admission assessment by a nurse and provider. In addition, a comprehensive care plan should be developed to manage the inmate's medical condition.
3. House the inmates who need infirmiry level of care in a location where there is sight and sound by a facility staff member so that medical emergencies can be identified and responded to promptly.
4. Track all inmates in Infirmiry care and ensure they are assessed routinely per policy.

Infectious Disease: Provide adequate screening, surveillance, treatment, and prevention of infectious diseases.

Findings:

Inmates are screened for tuberculosis symptoms upon arrival at the facility. A purified protein derivative (PPD) test is used to screen for TB. Inmates are also required to undergo an annual TB test by the medical team.

There is no reliable process to ensure that patients receive timely wound care.

Assessment: Partial Compliance

Recommendations:

1. Conduct frequent screening for symptoms and check vitals while inmates are in quarantine to identify illness early.
2. Track all infectious diseases at the facility and trend them over time.
3. Continue to collaborate with the health department.

4. It is important to promptly attend to wound care and address any delays in initiating treatment.
5. The nurse must review the wound care treatment plan with the provider.

Withdrawal Management: Screen for drug and alcohol use and monitor for withdrawal symptoms. The inmates with withdrawal symptoms are managed appropriately.

Findings:

Inmates who are undergoing detox monitoring are placed in designated housing units. These inmates are placed in front of the officer's desk in "boats" (beds on the floor) for continuous observation. However, some inmates undergoing detox are housed in single cells, either due to their classification level or mental health diagnosis.

The correctional officer is expected to conduct rounds on inmates every 30 minutes. Due to staffing challenges and multitasking, this is not consistently done.

The medical provider and the EMT also conduct rounds on the detox inmates to proactively identify inmates at risk. This is a good process and should be made consistent and reliable.

The nurses are responsible for conducting the detox assessment and administering medications. Although the process has improved, it's still not adequate. Previously, the nurses used to administer medication without a medication administration record, which was a risky practice. However, this issue has now been addressed. The nurses now have a laptop on their cart, which enables them to verify medications before administering them. They can also document the administration immediately in the electronic medical record. The nursing staff have been provided with new vital signs machines.

Assessment: Non-Compliance

Recommendations:

1. Study the detox process and staffing needs and make necessary changes to improve safety, reliability, and consistency.
2. It is recommended to perform a urine drug screen during the intake process to identify any inmates who may be at risk of experiencing withdrawal symptoms.
3. Inmates with symptoms should be assessed in the clinic and evaluated by the provider for adequate management. The inmates should be reevaluated after treatment to assess if the condition has improved or worsened.
4. Train the medical and correctional staff on the signs and symptoms of withdrawal.
5. Avoid housing high-risk patients in units with no direct supervision.

6. An adequate number of nursing staff should be assigned to conduct detailed nursing assessments safely.
7. Provide the necessary medical equipment for the medical staff.
8. Consider a daily detox team huddle to review all the inmates on a detox to ensure appropriate care.

Management of Chemical Dependency

Findings:

The facility uses a vendor to provide care for chemical dependency. The program continues the medication if the inmate receives treatment outside and has not missed more than three doses. The intake medical staff must notify the methadone program as soon as they arrive at the jail to continue the medication without delay. If the medication is not continued promptly, the inmate has to undergo a comprehensive process to restart treatment, causing long delays. There is no standard process for the medical team to notify the methadone program once they identify them at intake. The methadone program staff checks each inmate on the detox program to see if they received methadone outside. It is a good practice to check the inmates on detox, but it should not be the primary process to identify inmates who need to be on the methadone program. A screening question was added to the intake form regarding MAT treatment. A report was generated based on the answer to the question and sent to the MAT program staff at the end of the day. This report is not being used.

Following the transition of the medical vendor, there were additional communication issues that negatively impacted patient care. However, the medical team has recently granted the MAT program access to their electronic medical records to improve care coordination. The medical team is waiting to receive similar information from the MAT team to enhance patient care further.

On the last visit, the MAT program leaders stated they could provide me with the metrics regarding the timeliness of care at the next site visit. The metrics are not yet available.

Assessment: Partial Compliance

Recommendations:

1. Implement a process for the intake medical team to immediately notify the MAT team once they identify an inmate who needs their care.
2. Improving communication between both parties can help enhance care coordination.

3. Measure the time from arrival to the facility to 1st dose for inmates (Breakdown by categories such as - missed less than three doses before coming to the facility, missed more than three doses before arrival, new patient, etc.). Develop similar timeliness measures for inmates on suboxone.

Informed Consent: Inmates should be informed of their rights, and adequate information should be provided to make informed decisions regarding their medical care.

Findings:

Inmates are educated regarding their rights during intake, and the inmate signs a consent. The facility has a refusal form, but the forms are not consistently used for medical refusals.

Assessment: Partial Compliance

Recommendations:

1. Continue to educate the staff regarding the changes in the healthcare program and inmates' rights.
2. Complete a refusal form for all refusals.
3. Revise the refusal forms to include the staff's full name, designation, staff ID, and signature date and time.
4. Educate inmates regarding the risks of refusal.

Medication Management: Provide timely medications to the inmates in a safe manner.

Findings:

There are several improvements to the medication administration process. There is an increase in the number of staff administering medications. A new medication administration application has been implemented. The new process is more time-intensive but safer and reduces medication errors.

Discharge medications are not dispensed at the facility. The UNMT has implemented a new process where the discharge medications are sent to an outside pharmacy for the inmate to pick up after release. There is no data to measure the effectiveness of this process.

Assessment: Partial Compliance

Recommendations:

1. Medications should be administered per provider orders within the administration time per policy.
2. A refusal form should be completed for all refusals. In addition, the staff should educate inmates regarding the risk of refusal.
3. Multiple refusals for medication should be referred to the provider for review based on the type of medication.
4. The medication administration process should follow safe practices (right patient, right medication, right dose, right route, right time, right documentation, right education, etc.).
5. Provide medication upon release/ transfer per policy. Track the number of medications that the inmate picked up upon release.

Medical Orders: All medical orders should be completed as ordered.

Findings:

The leadership team has started conducting a comprehensive daily huddle. The team is creating reports for review to ensure that all open orders, especially the high-priority ones, are addressed promptly.

There is a delay in blood draws at the facility due to the unavailability of a phlebotomist. The facility has posted the position to begin recruitment.

Assessment: Non-Compliance

Recommendations:

1. Track all open medical orders and establish a process for the on-site leadership to review daily during the daily huddle.
2. Assign staff for each task to ensure that they are addressed promptly.
3. Review the staffing plan to accommodate the workload.

Medical Records: The inmates' medical records should be complete and contain all relevant medical information. It should help coordinate care between caregivers and ensure patient safety.

Findings:

A new medical vendor has recently introduced an electronic medical records (EMR) system, which has replaced the previous method of record keeping. The transition to the new system was successful, thanks to the hard work of the operational and technical teams. The staff members are comfortable using the new system, but there is room for improvement in efficiency and ease of use.

The documentation templates need to be reviewed and revised as required.

Assessment: Partial Compliance

Recommendations:

1. Collect feedback and provide focused EMR training for the medical staff.
2. Give clear and descriptive titles to any documents to make it easier to find the necessary information during a chart review.
3. Using templates can be a helpful tool for the staff to ensure that they document all the necessary information relevant to the patient's condition and the purpose of the visit. The staff can ensure they don't miss any important details and provide accurate and comprehensive patient care by filling out the templates.
4. Complete a refusal form for all refusals and scan it into the medical record.
5. Encourage staff to document a detailed assessment using available templates in the EMR.
6. Evaluate the workflow in the EMR to make it easy for the staff to navigate.

Medical Staff: Assign adequate and qualified staff to provide safe and quality healthcare for the inmates.

Findings:

The team is actively recruiting front-line staff and providing incentives for difficult-to-hire positions.

The facility needs to conduct a staffing analysis to identify the staff required to provide timely and adequate healthcare safely.

Assessment: Non-Compliance

Recommendations:

1. Conduct a staffing analysis. This should be done periodically and adjusted as needed.
2. Hire staff to fill open positions.
3. Provide adequate training for the new and current staff.
4. Healthcare leaders should be able to work in their leadership role without being frequently pulled to cover open shifts.

Specialty Care: Timely referral and access to specialty care and off-site procedures. Provide adequate and timely care for pregnant inmates.

Findings:

The providers are referring the inmates to the specialists appropriately. In addition, two off-site coordinators have recently been hired to track all the referrals and schedule the appointments. They coordinate with the transport team to send inmates for their off-site visits.

The in-house coordinators do not track the referrals initiated at the hospital, leading to delays and missed appointments. The team is working on revising the process.

Assessment: Partial Compliance

Recommendations:

1. Track timeliness for all specialty appointments.
2. Inform the referring provider regarding any delays so they can escalate if needed.
3. Care should be provided while the inmate waits for their appointment.
4. Provide pregnancy tests for inmates per policy.
5. Provide adequate and timely care for pregnant inmates.
6. Track all pregnant inmates and ensure that they get timely care.

Privacy: Adequate privacy should be provided while exchanging healthcare information and during healthcare visits.

Findings:

The EMR has security features providing adequate privacy for health records.

The sick call and detox assessments are conducted in the day area of the housing units. This does not allow for proper privacy of the inmates. There are other inmates around when the nurse is conducting assessments.

There is a medical exam room near each of the housing units. There are opportunities to increase the use of these spaces.

Assessment: Non-Compliance

Recommendations:

1. Perform healthcare assessments in a private clinical setting where the staff can access medical records and equipment needed for the assessment.

7A The medical care provided by MDC to its inmate's evidence repeated examples of negligent acts, which disclose a pattern of conduct by MDC medical staff.

Findings:

Currently, the inmates are not receiving the standard of care they require in a timely and dependable manner. However, the new medical team has taken charge and is putting forth significant efforts to improve the situation. They are working hard to build a strong healthcare program to improve the quality of care provided to the inmates and ensure that healthcare services are delivered promptly and reliably.

Assessment: Non-Compliance

Recommendations:

1. Continue to onboard and provide support to the new leadership team.
2. Address staffing challenges
3. Review current policies and procedures and make necessary changes.
4. Establish a strong Quality assurance program.
5. Review grievances and complaints to identify issues with staff behavior and address them immediately.

7B The examples of negligent acts disclose a pattern of conduct by MDC medical staff that effectively denies inmates access to adequate medical care.

Findings:

The inmates are not receiving adequate and timely medical care, but the new medical team is making promising efforts to improve the situation.

Assessment: Non-Compliance

Recommendations:

1. Review each medical process to identify high-risk areas and implement rapid cycle improvement efforts to address them quickly.
2. Onboard and support the new leadership team.
3. Clear and respectful communication with the staff through their immediate supervisors to reduce confusion and frustration.
4. Address staffing challenges.
5. Review current policies and procedures and make necessary changes.
6. Establish a strong Quality assurance program.
7. Continue to review grievances and complaints to identify issues with staff behavior and address them immediately.

7C There are systematic and gross deficiencies in staffing, facilities, equipment, or procedures.

Findings:

The new medical team is taking significant steps to enhance staffing, procedures, and equipment. Recently, they have increased the number of staff and procured new equipment to support the nursing staff. A team is assigned to evaluate the policies and procedures to identify necessary changes. The leadership team is also planning to conduct a staffing analysis.

Assessment: Partial Compliance

Recommendations:

1. Perform a staffing analysis
2. Continue reviewing and revising the policies and procedures.
3. Hire staff to fill open positions.
4. Provide adequate training for the new and current staff.

7D The systematic and gross deficiencies effectively deny the inmate population access to adequate medical care.

Findings:

The inmates are not receiving sufficient medical care. Various measures are being taken to enhance the medical program. A project manager has been appointed to assist the team in monitoring all the improvement initiatives and ensuring progress.

Assessment: Non-Compliance

Recommendations:

1. Develop a priority list of improvement efforts.
2. Implement the action plan based on the priority.
3. Develop a robust quality improvement program to track performance for continuous improvement.

8A Adequate communication occurs between MDC administration and treating healthcare professionals regarding an inmate's significant health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or staff.

Findings:

The administration of MDC and the healthcare team have a strong working relationship. The leaders regularly meet to discuss issues and resolve them collaboratively. The new liaison role is also helping to strengthen collaboration and coordination.

It is recommended that a weekly meeting be set up with medical, mental health, MAT program, and correctional leadership, with a standing agenda to discuss performance and any issues that arise. This is a best practice followed in other correctional facilities.

Assessment: Partial Compliance

Recommendations:

1. The Medical Director, Health Service Administrator, and Director of Nursing should meet weekly to review the healthcare operations activities using a standard agenda.
2. Medical leaders should meet with MDC administrative leaders weekly using a standard agenda to collaborate on operational activities and troubleshoot issues.

8A1 MDC security staff is advised of inmates' special medical needs that may affect housing, work, program assignments, disciplinary measures, and admissions to and transfers from institutions.

Findings:

The medical team should develop reliable processes to ensure that information regarding special medical needs is communicated to the security staff and ensure that they are followed. If there are any concerns, they should be escalated to the leadership immediately for resolution.

Assessment: Partial Compliance

Recommendations:

1. Establish a standard communication process with security staff to communicate special medical needs. This information should be readily available to any security staff managing the inmate.
2. Periodically assess the communication processes from medical to security and revise them to ensure reliability.
3. It is essential to have a standing agenda for review in the weekly Medical/MDC administrative meetings to identify and address any concerns quickly.

8A2 Health care and security staff communicate about inmates with special needs conditions.

Findings:

The medical staff and security staff communicate about inmates with special needs conditions. However, this process needs to be formalized.

Assessment: Partial Compliance

Recommendations:

1. Establish a standard communication process with security staff to communicate special medical needs. This information should be readily available to any security staff managing the inmate.
2. There should be a standing agenda for review in the weekly Medical/MDC administrative meetings to quickly identify and address any concerns.

8B MDC follows a proactive program which provides care for special needs patients who require close medical supervision or multidisciplinary care. (See below items)

8B1 Individual treatment plans are developed by a physician or another qualified clinician at the time the condition is identified and updated when warranted.

Findings:

There is a delay in the initial physician/ provider visit. The documentation also consistently includes a plan of care for each identified problem.

Assessment: Non-Compliance

Recommendations:

1. Track licensure, credentials, and certifications for all medical staff.
2. Ensure that their information is current and working within their scope of practice.
3. Medical staff should document a detailed treatment plan to address all active medical conditions.
4. Also see the recommendation under Infirmary Care and Chronic Medical Conditions.

8B2 Whether the treatment plan includes, at a minimum, (see below)

8B2a The frequency of follow-up for medical evaluation and adjustment of treatment modality.

Findings:

The medical evaluation is not comprehensive and does not always include the frequency of follow-ups based on the clinical condition.

Assessment: Partial Compliance

Recommendations:

1. Medical evaluation should be comprehensive and address all active medical conditions.
2. The medical staff should develop a detailed plan of care, including frequency of follow-ups, and educate the inmate on the plan.
3. Ensure that the monthly chart audit looks at the follow-up documentation needed for the inmate per the clinical practice guidelines.

8B2b The type and frequency of diagnostic testing and therapeutic regimens.

Findings:

The medical evaluation is not comprehensive and does not always address all active medical conditions. In addition, the clinical practice guidelines are not consistently used.

Assessment: Partial Compliance

Recommendations:

1. Medical evaluation should be comprehensive and address all active medical conditions.
2. Order diagnostic tests and medications as appropriate.
3. Ensure that the monthly chart audit looks at the treatment plan documentation, including diagnostics and medications for the inmate, per the clinical practice guidelines.

8B2c When appropriate, instructions about diet, exercise, adaptation to the correctional environment, and medication.

Findings:

The medical evaluation is not comprehensive and does not always include education regarding diet, exercise, and medications.

Assessment: Partial Compliance

Recommendations:

1. Medical evaluation should be comprehensive and address all active medical conditions.
2. Provide education regarding diet, exercise, medications, and care plans.
3. Ensure the monthly chart audit reviews the care plan and matches the clinical practice guidelines.

8C Medical and dental orthoses, prostheses, and other aids to impairment are supplied in a timely manner when the health of the inmate would otherwise be adversely affected, as determined by the responsible physician or dentist.

Findings:

Medical and dental equipment and supplies are provided to the inmates. Still, there is a need to optimize and standardize the process of identifying individuals who require medical supplies and ensure timely delivery. The medical record has no standard and reliable location to document this information for easy access and review.

Assessment: Partial Compliance

Recommendations:

1. Ensure that the patients who need dental or medical equipment/supplies are correctly identified during the intake screening and are provided with such medical equipment/supplies in a timely manner when indicated.
2. Establish a standard communication process with security staff to communicate special medical needs. This information should be readily available to any security staff managing the inmate.
3. Conduct a periodic audit to ensure that the equipment provided is still available to the inmate and is in working condition.

8C1 Health records confirm that patients receive prescribed aids to impairment.

Findings:

Inmates are provided their prescribed aid for impairment per the medical staff. A tracking process needs to be put in place. The medical record has no standard and reliable location to document this information for easy access and review.

Assessment: Compliance

Recommendations:

1. Track all prescribed aids to impairment and ensure that they are provided in a timely manner.
2. Establish a standard process to communicate special medical needs with security staff. This information should be readily available to any security staff involved in the management of the inmate.
3. Conduct a periodic audit to ensure that the equipment provided is still available to the inmate and is in working condition.

- 8C2 (If) The use of specific aids to impairment is contraindicated for security reasons, whether alternatives are considered so the health needs of the inmate are met.

Findings:

The medical provider is consulted when specific aids to impairment are contraindicated for security reasons. There is no standard documentation process in the EMR, making continuity of care difficult.

Assessment: Partial Compliance

Recommendations:

1. Educate the medical staff on items contraindicated for security reasons and the policy and procedures regarding review for alternative options.
2. Establish a standard communication process with security staff to communicate special medical needs. This information should be readily available to any security staff managing the inmate.
3. Discuss special situations during the weekly standard meeting between MDC and the medical team.

- 8D The medical care provided to subclass members is adequate and whether the medical care provided to subclass members is at least equivalent in quality to the medical care provided to others.

Findings:

The timely delivery and quality of healthcare remain a challenge. The new healthcare team is well-equipped to address these issues and establish a dependable healthcare program. They are taking a systematic approach to implementing improvements.

Assessment: Non-Compliance

Recommendations:

1. The medical team should have case discussions to develop a comprehensive treatment plan for inmates with complex medical conditions and dual diagnoses.
2. Identify and track high-risk inmates and inmates with disabilities or special needs and ensure they receive timely and adequate care.

8E Regarding inmates who are qualified individuals with disabilities under the ADA, whether the Defendants have made modifications to their policies, procedures, and practices that are necessary to provide inmates with disabilities with medical care, which is equivalent in quality to the care provided to inmates without disabilities.

Findings:

The policies and procedures are under review by the medical leadership team.

Assessment: Partial Compliance

Recommendations:

1. Ensure that the policies and procedures are adequate and provide timely care for the individuals with disabilities and special needs.

..... End of Report.....